SUBMISSION ID:
 1122150
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

Ashley, OH 43003

COUNTY: Morrow REPORTING LAB: Renergy
DISTRICT: CDO ANALYST: Jeff Williamson NO DISCHARGE INDICATOR: AL

				N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН		Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewaten Spray
PARAMETER CODE	0040	10	00610	00630	00640	00665	31648	50045
UNITS	S.U		mg/l	mg/l	mg/l	mg/l	#/100 m	I inches/day
FREQUENCY	When D	***************************************	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING								
TYPE	Gra	b	Grab	Grab	Grab	Grab	Grab	Total
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Official or Aust	horized	ı certii	y under the pe ersonally exam	nalty of law that	J Signature C	ized Represent	onicial of	Date/Time
Representa	ative	nave p	ersonany exam	imed and am	Author	izea nepresein	ative	
Represent	3		r with the info					
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				ble for obtaining	9			Certification
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William			mplete. I am av					2022-02-
AAIIIGIII				ies for submittin	g			16 09:02
			nformation, inc					
		possib	ility of fine and	l imprisonment.				<u> </u>

Page 1

 SUBMISSION ID:
 1122150
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:RenergyDISTRICT:CDOANALYST:Jeff Williamson

NO DISCHARGE INDICATOR: AL

			NO	DISCHARGE II	IDICATOR.	AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING	24hr Total						
TYPE	Estimate						
2022-01-01							
2022-01-02							
2022-01-03							
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Name of Responsible I certify under the penalty of law that Official or Authorized have personally examined and am Representative familiar with the information submitted herein and based on my		ned and am mation	Signature o Author	Submission Date/Time			
Jeffrey Williamson inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						Certification Version Date 2022-02- 16 09:02	

Page 2

 SUBMISSION ID:
 1122150
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2022-01-01 2022-01-02							
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			ble for obtainin	y 			Certification
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		nformation, inc	iuding the <u>l imprisonment.</u>				
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Page 3

 SUBMISSION ID:
 1122150
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

				DISCHARGE II		AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING	24hr Total						
TYPE	Estimate						
2022-01-01							
2022-01-02							
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Jeffrey Williamson Wil			,			Certification Version Date 2022-02- 16 09:02	

Page 4

 SUBMISSION ID:
 1122150
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

Nitroge					
PARAMETER pH Ammon (NH3)	ila Nitrite Plus	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER 00400 00610	00630	00640	00665	31648	50045
UNITS S.U. mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY When Disch. When Dis		When Disch.	When Disch.	When Disch	
SAMPLING					
TYPE Grab Grab	Grab	Grab	Grab	Grab	Grab
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2022-01-06					
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Jeffrey immediately respective information, submitted information and complete. I a	ation is true, accurat m aware that there enalties for submittin				

Page 5

 SUBMISSION ID:
 1122150
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			NO	DISCHARGE II	IDICATOR.	AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING	24hr Total						
TYPE	Estimate						
2022-01-01							
2022-01-02							
2022-01-03							
2022-01-04							
2022-01-05							
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2022-01-30							
Minimum				***************************************			
Maximum	000000000000000000000000000000000000000			000000000000000000000000000000000000000	000000000000000000000000000000000000000		
Average	000000000000000000000000000000000000000			000000000000000000000000000000000000000	200000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
Count				· · · · · · · · · · · · · · · · · · ·			
Name of Responsible I certify under the penalty of law that Official or Authorized have personally examined and am Representative familiar with the information submitted herein and based on my		ned and am mation	Signature o Author	Submission Date/Time			
Jeffrey Williamson inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						Certification Version Date 2022-02- 16 09:02	

Page 6

 SUBMISSION ID:
 1122150
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrooksideDISTRICT:CDOANALYST:Cheryl Rex

NO DISCHARGE INDICATOR:

			NO	DISCHARGE II	VDICATOR.		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1/2 Weeks	1/2 Weeks	1/2 Weel	cs 1/2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Tota Estimate	al Grah
2022-01-01							
2022-01-02							
2022-01-03	.6132	.5560					
2022-01-04			<u> </u>				
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2022-01-09							
2022-01-10	.8660	.5280	.0000	.1676	.4676	.00000	.8370
2022-01-11	10000	15200	10000	12070	14070	100000	10570
2022-01-12							
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2022-01-31	.5760	.3850	.0000	.1393	.1425	.00000	.4290
Minimum	0.573	0.385	0.0	0.1393	0.1425	0.0	0.429
Maximum	0.866	0.625	0.0	0.1676	0.4676	0.0	0.837
Average	0.69404	0.5268	0	0.15345	0.30505	0	0.633
Count	5	5	2	2	2	2	2
Name of Resp			nalty of law that I	Signature o	f Responsible		Submission
Official or Aut	thorized have p	ersonally exam	ined and am	Author	ized Represent	ative	Date/Time
Representa	gramma	r with the infor					
	submit	ted herein and	based on my				
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			ble for obtaining				Combidi
	the inf	ormation, I beli					Certification Version Date
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	- 9 1	mplete. I am aw					2022-02-
William			es for submitting				
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Page 7

1122150 H2-Oh-Yeah 2134 C.R. 224 Original **4MP00028*AM** SUBMISSION ID: STATUS: FACILITY: LOCATION: PERMIT NUMBER: STATION CODE: MONITORING PERIOD:

Ashley, OH 43003

COUNTY: Morrow **REPORTING LAB:** Brookside DISTRICT: CDO ANALYST: Cheryl Rex

NO DISCHARGE INDICATOR:

				DISCHARGE II			
PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitroger Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1/2 Weeks	1/2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING							
TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2022-01-01						••••••	
2022-01-02							
2022-01-03			7.8600	.0172	AA5.0	.0001	
2022-01-04						************************	
2022-01-05						***************************************	
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2022-01-07 2022-01-08							
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Minimum	15.885	2.0	7.86	0.0172	0.0	1.0E-4	
Maximum	23.005	2.0	7.86	0.0172	0.0	1.0E-4	
Average	19.445	2		0.0172	0	0.0001	
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Name of Resp Official or Auti Representa	horized _{have p} tive _{familia}	y under the pen ersonally exami r with the infor ted herein and l	mation	Signature of Author	f Responsible (ized Representa		Submission Date/Time
Jeffrey Williamson Wil				е			Certification Version Date 2022-02- 16 09:02

Page 8

FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2022-01-01 To: 2022-01-31

Ashley, OH 43003

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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